

Evaluation of Persons for Potential Ebola Exposure and Illness

LA County (LAC) Acute Communicable Disease Control (ACDC) Program

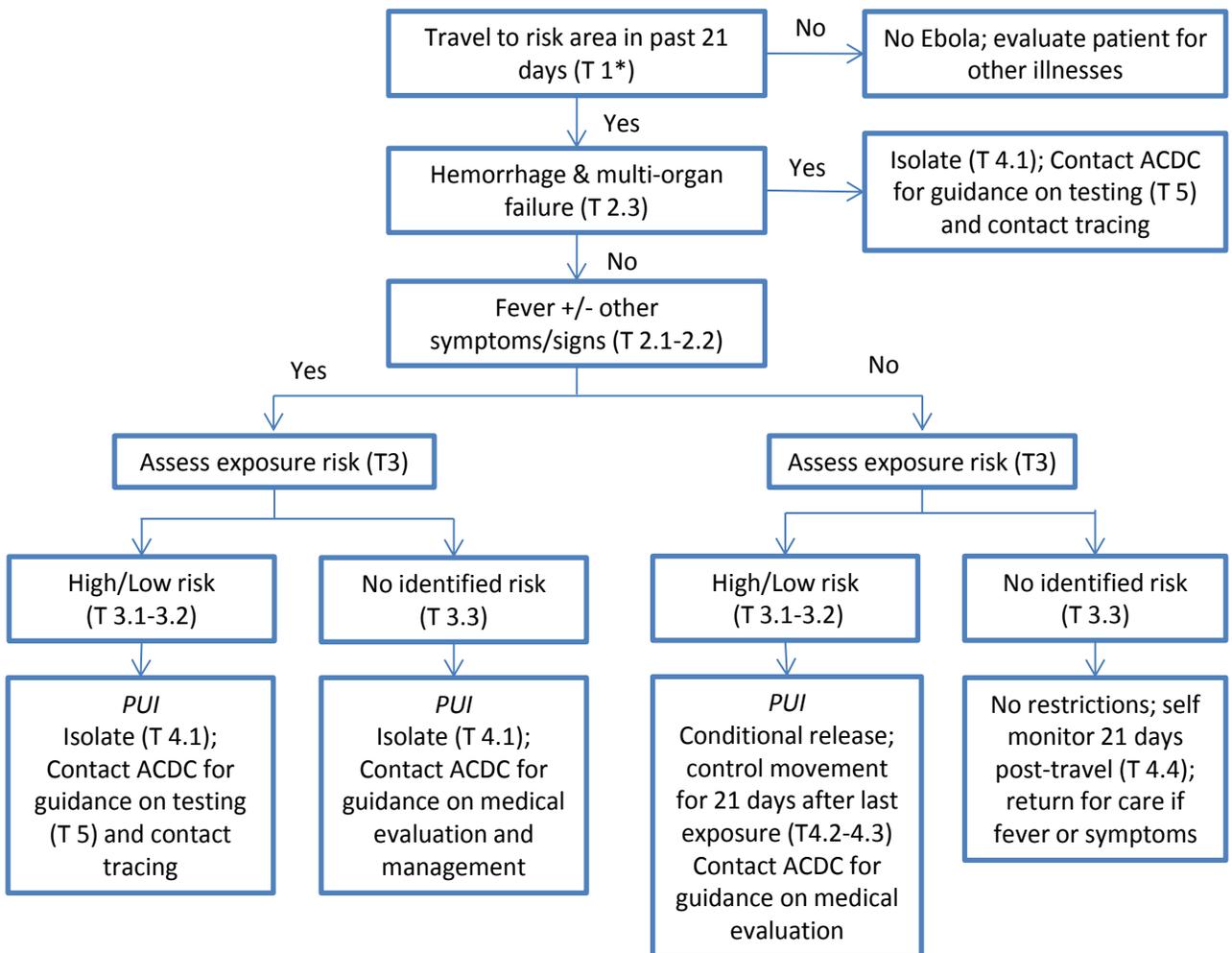
This algorithm provides guidance for clinicians evaluating a patient for suspect Ebola virus disease (Ebola). Evaluation for suspect Ebola should be limited to persons who have traveled or worked in the epidemic area during the previous 21 days (see Table 1). Persons who have not been in the epidemic area during this period and have not had direct contact with a known Ebola patient are not at risk for Ebola and should be evaluated for other causes of illness. Updated information will be provided on the LAC Department of Public Health (DPH) website (www.publichealth.lacounty.gov/media/ebola.htm) and on the CDC website (www.cdc.gov/vhf/ebola/hcp/index.html).

Persons with a positive travel history should be evaluated for fever and other symptoms (Table 2), and for exposure to Ebola patients (Table 3). During evaluation, keep patients in a private room with the door closed; limit entry and maintain a log of people who enter the room; use standard contact and droplet precautions; and perform only essential diagnostic and laboratory testing. Persons Under Investigation (PUI) are defined as those with a positive travel history plus fever with other compatible symptoms and/or with confirmed/suspect exposure to a person with Ebola or remains of someone who died from Ebola. **All persons with a history of travel from the outbreak area within 21 days and all PUI should be reported immediately to ACDC (weekdays: 213-240-7941; nights/weekends: 213-974-1234)¹.** Persons with a positive travel history, no identified risk factors and no symptoms should self-monitor for fever or other symptoms for 21 days after leaving the outbreak area and return for care as needed.

Laboratory testing for suspect Ebola using PCR is available at the LAC Public Health Laboratory (PHL). Consultation with ACDC is required for testing at LAC PHL or at CDC; assistance in specimen handling will be provided by the LAC PHL.

¹ Contact Long Beach HD (562) 570-4302 or Pasadena HD (626) 744-6043 to report local suspect Ebola cases.

Algorithm for assessment and management of persons with suspect Ebola



Tables 1-5: Assessment and management of persons with potential Ebola

Table 1. EBOLA RISK AREAS
<p>Current outbreak (as of 10/21/14): Guinea; Liberia; Sierra Leone.</p> <p>CDC outbreak link: www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas</p>

Table 2. SYMPTOMS AND SIGNS
<p>1 - Fever: T ≥ 38.0 C / 100.4 F or subjective history of fever</p>
<p>2 - Other symptoms: Headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, stomach pain, lack of appetite, rash, red eyes, hiccups, cough, chest pain, difficulty breathing, difficulty swallowing, bleeding internally or externally</p>
<p>3 - Hemorrhage and multi-organ failure: Bleeding from GI tract or other sites, shock, DIC, renal failure, hemodynamic instability, or other symptoms/signs of severe illness</p>

Table 3. EXPOSURE RISK		
1 - High risk	2 - Low risk	3 - No identified risk
<ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of Ebola patient • Direct care of an Ebola patient or exposure to body fluids without appropriate personal protective equipment (PPE) • Laboratory worker processing body fluids of confirmed Ebola patients without appropriate PPE or standard biosafety precautions • Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE 	<ul style="list-style-type: none"> • Household member or other close contact (within 3 feet) with an Ebola patient • Other close contact with an Ebola patient in a healthcare facility or community setting 	<ul style="list-style-type: none"> • Having been in a country in which an Ebola outbreak occurred within the past 21 days and having had no high or low risk exposures

Table 4. ISOLATION AND MOVEMENT RESTRICTIONS
<p>1 - Isolation:</p> <ul style="list-style-type: none"> • Single patient room with the door closed; limit entry of personnel to room; keep a log of all persons who enter the room • Standard, contact and droplet precautions • Limit phlebotomy and only perform essential diagnostic and clinical laboratory tests. • PPE – Gloves, gown, eye protection (goggles or face shield); facemask; additional PPE if copious blood or other fluid in the environment would include double gloving, disposable shoe covering, leg covering. Discard PPE on leaving room taking care to avoid contamination when removing; hand hygiene immediately after removing PPE. Note: for hospitalized confirmed Ebola cases see CDC guidance for enhanced PPE http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html • Aerosol generating procedures – Limit procedures as possible. If procedures required, conduct in a private room and ideally an Airborne Infection Isolation Room (AIIR). Personnel should use respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering facepiece respirator or higher (e.g., powered air purifying respiratory or elastomeric respirator)
<p>2 - Conditional release: Monitoring by public health authority; twice-daily self-monitoring for fever; notify public health authority if fever or other symptoms develop</p>
<p>3 - Controlled movement: Notification of public health authority; no travel by commercial conveyances (airplane, ship, train, bus, taxi); timely access to appropriate medical care if symptoms develop</p>
<p>4 - Self-monitor: Check temperature and monitor for other symptoms</p>

Table 5. RECOMMENDATIONS FOR SPECIMEN COLLECTION, HANDLING AND TRANSPORTATION
<p>Contact the LAC DPH Laboratory Bioterrorism Response Unit (562-658-1360) for consultation on laboratory testing for Ebola. Procedures for the collection, handling, transportation, and testing of specimens for Ebola issued by CDC is posted at: http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.</p>